



The Bulletin intends to publish this regular section presenting health data from urban areas. While the initial ones will be from New York City, as in this issue, we invite other urban areas to submit such information. Comparisons between cities can be especially illuminating

ROBERT J. HAGGERTY, MD

Urban Health Data

Tuberculosis Cases in New York City

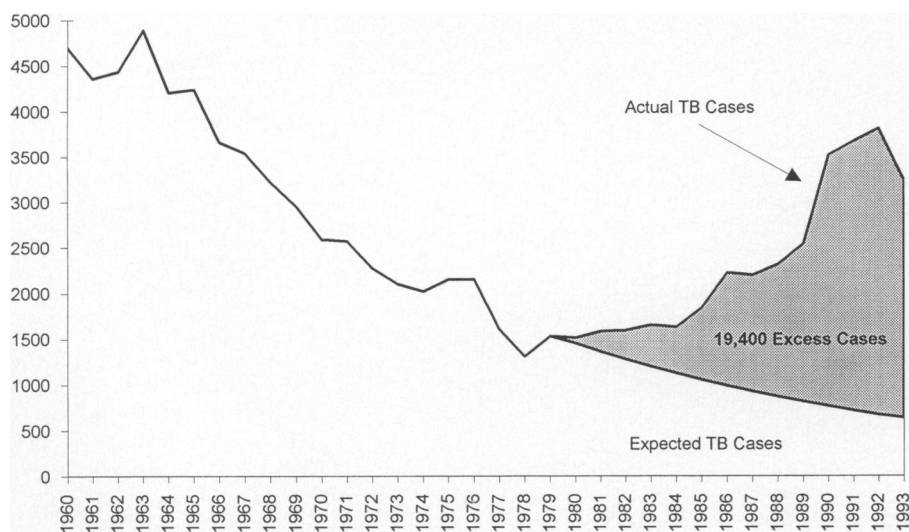


FIG. 1. Tuberculosis cases, New York City, 1960–1993. There were 3,235 new cases of tuberculosis recorded in New York City in 1993, down from 3,811 in 1992. This 15% decline reverses a 15-year trend of increasing tuberculosis cases. New York City has approximately three times as many new tuberculosis cases as any other U.S. city and a case rate of 44/100,000 population, more than four times the national average.

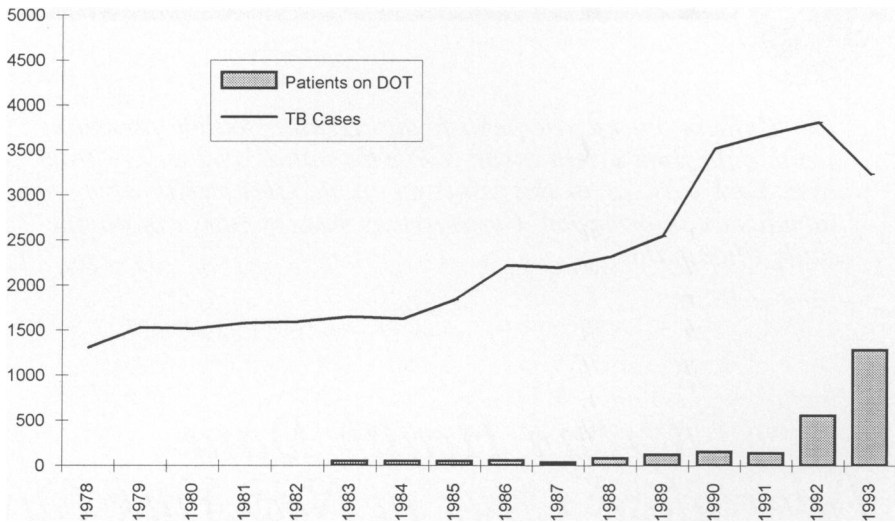


FIG. 2. Tuberculosis cases, New York City, 1978–1993. One of the many improvements in tuberculosis control efforts during the past 3 years that has contributed to the decline in new tuberculosis cases is the dramatic expansion of directly observed therapy (DOT)—a program in which a health care worker observes a patient take every dose of anti-tuberculosis medication. DOT is the mainstay of tuberculosis control. Two years ago, fewer than 100 patients were in a program of DOT in New York City. Today, more than 1,900 patients have participated in DOT programs and more than 1,200 patients currently are receiving DOT. It is by far the largest DOT effort in the country. Other important changes in the tuberculosis control program include: better patient treatment and follow-up; an increase in Department of Health staff; an expansion of services by free clinics operated by the Department of Health; improved infection control procedures in hospitals; mandated reporting of all drug susceptibility tests for tuberculosis organisms; an initial four-drug antituberculosis regimen for all new patients; and an expansion of preventive therapy programs.